8996

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Shelby — Registration District No.: 27 W S — File No.: 25 5 30

Civil Dist.: 5th

or Village: ____ — Primary Registration District No.: ____ — Registered No.: ____

or City: Memphis — (No.: ____ St.: Baptist Hospital — Ward: ____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME: Joseph M Freedman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, Or Divorced (write the word): Married

6 DATE OF BIRTH: ____ (month) ____ (day) 1895 (Year)

7 AGE: 34 yrs. — mos. — ds.

IF LESS THAN 1 day, ____ hrs. or ____ min?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer): ____

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Jacob Freedman

11 BIRTHPLACE OF FATHER (State or Country): England

12 MAIDEN NAME OF MOTHER: Henrietta Finke

13 BIRTHPLACE OF MOTHER (State or Country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Simeo Freedman
(Address): 1093 Thomas Street

15 Filed 10/16, 1939 L. M. Grimes, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 15 (Day) 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1939 to Oct 15, 1939 that I last say h____ alive on Oct 15, 1939 5 p and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Shield Abernathy, M.D.
Oct 16, 1939 (Address) 799 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and, (2) Whether ACCIDENTAL SUICIDAL or HOMICIDAL. State Whether or not an operation was performed.

18 LENGTH OF RESIDENCE (For Hospitals, Institutionals, Transients or Recent Residents)
at place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? Baptist Hospital
Former or usual residence: Memphis Born England

19 PLACE OF BURIAL OR REMOVAL: Born Hill — DATE OF BURIAL: October 16 1939

20 UNDERTAKER: J. J. Collins — ADDRESS: Memphis

THIS IS TO CERTIFY, That the above is a true and correct copy of the certificate of death of Joseph M. Freedman on file in this office. This 10 day of Jan, 1930

E. L. Bishop
State Registrar.

Received of J. J. Collins (name) Memphis (Address)
the sum of fifty cents (50c) (Currency) for a certified copy of certificate of death of Joseph M. Freedman
Registered No. ____ File No. ____ County Shelby Date of Death 10-15-39
Nashville, Tennessee, 1-10-30 (date)

STATE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS
Per ____

THIS IS YOUR RECEIPT. DETACH FROM CERTIFIED COPY.

J. J. Collins, Inc.
Funeral Home
872 POPLAR AVE. MEMPHIS, TENN.

MEMPHIS
JAN 18
1930
TENN.

Mrs. J. M. Freedman
1083 Thomas St.
City